Your Name:			
Your Address:			
Your City, State, ZIP:			
Your Telephone No:			
Representing Self, Without an Attorn	ney		
IN THE SUPERIOR COUL	ZONA,	COUNTY	
In the Matter of the Guardianship of:)	Case No.	
)))	LETTERS OF GUAR OF MINOR(S)	DIANSHIP
Minor(s))		
		Judge/Commissioner	
	ISSUANC	E OF LETTERS	
(co-) guardian(s) of	and		is/are appointed
	, minor(s), b	oorn ,	, ,
Restrictions:			
Date	CLERK OF	THE SUPERIOR COURT	
	By:	Deputy Clerk	
		Deputy Clerk	

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